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Commonwealth Coordinated Care Program Update

The purpose of this memorandum is to update providers about the implementation of *Commonwealth Coordinated Care*, the Medicare-Medicaid Financial Alignment Demonstration by the Department of Medical Assistance Services (DMAS).

Commonwealth Coordinated Care (CCC), which began March 2014, blends Medicare and Medicaid services and financing to provide high-quality, person-centered care to Virginians who are dually eligible for Medicare and Medicaid. The CCC Program integrates care with a primary focus on beneficiary support and choice; therefore, it is important to note participation in CCC is voluntary and enrollees may opt in or opt out at any time.

Under the CCC Program the Medicare Medicaid Plans (MMPs) receive a blended capitated rate to coordinate the full continuum of benefits currently provided under Medicare and Medicaid, including:

- Primary care,
- Acute care,
- Behavioral health services,
- Nursing facility care,
- Long-term care services through the Elderly or Disabled with Consumer Direction (EDCD) Waiver, and
- Plus the added benefit of care coordination services for all eligible beneficiaries.

The three MMPs are Anthem Healthkeepers, Humana, and Virginia Premier. Enrollees in CCC no longer receive traditional Medicare or Medicaid services through the fee-for-service model. Instead, the CCC beneficiary has one health plan, with one ID card (see Attachment C for sample ID card), one number to call for assistance and a dedicated care manager to help coordinate all of his/her services. Beneficiaries receiving mental health or intellectual disability targeted case management services will continue to receive those services through the Community Service Boards (CSBs). These services are carved out of the CCC Program and will continue to be authorized and paid as they are now through Magellan.



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Under the Three-Way Contract with DMAS and CMS, the MMPs shall honor all existing plans of care and prior authorizations until the authorizations end or 180 days after the beneficiary's date of CCC Enrollment, whichever is sooner. If you are interested in becoming a participating provider in any of the Medicare-Medicaid Plans (MMPs), you may contact the plans directly (see the DMAS website at http://www.dmas.virginia.gov/Content_atchs/altc/altc-hpci3.pdf).

CCC enrollment will be offered to Virginians over age 21 who are eligible for both full Medicare and Medicaid benefits and live in one of the following five regions: Tidewater, Central Virginia, Northern Virginia, Roanoke and Charlottesville (see Attachment A for a list of localities in each region). For a full list of eligibility criteria and eligibility exclusions, refer to the attached Eligibility Fact Sheet (Attachment B). CCC enrollment occurs in two phases: The first phase is called "voluntary enrollment" where an individual proactively enrolls in the program. The second phase is called "automatic enrollment" where the individual is automatically enrolled into the CCC program using an intelligent assignment algorithm, which considers previous enrollment with the MMPs Medicare Advantage plan, or the MMP network that includes the enrollee's current adult day health provider or nursing facility (if applicable).

ENROLLMENT

CCC enrollment is handled by a third-party enrollment broker, MAXIMUS. MAXIMUS provides education services about the CCC program to eligible beneficiaries and processes enrollment and disenrollment requests received by telephone and mail. MAXIMUS hours of operations for customer service are Monday through Friday 8:30am to 6pm. Individuals interested in the CCC program may call MAXIMUS at 1-855-889-5243 (TTY: 1-800-817- 6608), or visit them via their website at: www.virginiaccc.com.

CCC also maintains a partnership with the Virginia Insurance Counseling Assistance and Program (VICAP) to assist with beneficiary education. Beneficiaries may connect with a VICAP representative through their local Area Agency on Aging (AAA), by phone at 1-800-552-3402 or online at <http://www.vda.virginia.gov/vicap2.asp>.



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Additionally, the Office of the State Long-term Care Ombudsman will extend ombudsman support to CCC enrollees by providing information, advocacy, and assistance to help resolve care problems. You can visit their website (<http://www.vda.virginia.gov/ombudsman.asp>) for additional information including their contact information.

Up to date enrollment data can be found in the monthly stakeholder updates on the DMAS website (http://www.dmas.virginia.gov/Content_pgs/altc-stkhld.aspx).

TIMELINE FOR CCC ENROLLMENT BY REGION:

Tidewater area

- March, 2014: Voluntary enrollment (phase 1)
- April 1, 2014: Coverage begins
- May, 2014: Automatic enrollment begins (phase 2)
- July 1, 2014: Coverage for those automatically enrolled begins
- August 1, 2014: Coverage for those reassigned due to NF or ADHC begins Central Virginia/Richmond area
 - March, 2014: Voluntary enrollment (phase 1)
 - April 1, 2014: Coverage begins
 - June 2014: Automatic enrollment begins (phase 2)
- September 1, 2014: Coverage for those automatically enrolled begins Roanoke and Charlottesville areas
 - May 2014: Voluntary enrollment (phase 1)
 - June 1, 2014: Coverage begins
 - August 1, 2014: Automatic enrollment begins (phase 2)
 - October 1, 2014: Coverage for those automatically enrolled begins

Northern Virginia area

- June 1, 2014: Voluntary enrollment (phase 1)
- July 1, 2014: Coverage begins
- September 1, 2014: Automatic Enrollment begins (phase 2)
- November 1, 2014: Coverage for those automatically enrolled begins



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OUTREACH AND EDUCATIONAL OPPORTUNITIES

Since implementation in March, DMAS has been offering Town Hall meetings in each of the five regions to provide further information on CCC and opportunities for members and providers to ask questions about the program. The schedule of Town Hall meetings is posted on the DMAS website as information becomes available. If you would like to support a Town Hall meeting on CCC or attend one in your area, please contact CCC@dmas.virginia.gov.

Also, DMAS has established weekly provider and beneficiary calls, staffed by both DMAS and MMP staff, in order to provide implementation updates and answer stakeholder questions. The call schedule for each stakeholder group is provided in the following table:

Monday Provider Calls		Tuesday & Friday Beneficiary Calls		Friday Provider Calls	
Adult Day Services	1:30-2p Conference Line 866-842-5779 Conference code 7143869205	Tuesday: Beneficiaries, Families and Advocates	12:30 - 1:30 Conference Line 866-842-5779 Conference code 6657847797	Hospitals and Medical Practices	11-11:30am Conference Line 866-842-5779 Conference code 8047864114
Personal Care, Home Health & Service Facilitators	2-2:30p Conference Line 866-842-5779 Conference code 8047864114	Friday: Beneficiaries, Families and Advocates	12:30 - 1:30 Conference Line 866-842-5779 Conference code 6657847797	Behavioral Health	11:30am-12pm Conference Line 866-842-5779 Conference code 8047864114
Nursing Facilities	2:30-3p Conference Line 866-842-5779 Conference code 7143869205				

Additionally, DMAS has been able to offer education sessions to interested groups of providers and advocates. If you are unable to attend one of the Town Halls and require more information please contact CCC staff at CCC@dmas.virginia.gov.



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The MMP's also offer web-based training modules for providers regarding service authorizations and claims payments as well as their own "Quick Reference Guides". Links to the MMPs CCC specific webpage's and the Quick Reference Guide can be found through the links below. If you have difficulty locating their training materials please contact the plan(s) directly:

Anthem HealthKeepers:

CCC webpage: <https://mss.anthem.com/ccc/Pages/aboutus.aspx>

Quick Reference Guide:

http://www.dmas.virginia.gov/Content_atchs/altc/HealthkeepersProviderQuickReference.pdf

Humana:

CCC webpage:

<https://www.humana.com/provider/support/clinical/medicaid-materials/virginia>

Quick Reference Guide:

http://www.dmas.virginia.gov/Content_atchs/altc/HumanaProviderQuickReference.pdf

Virginia Premier:

CCC webpage:

<https://www.vapremier.com/providers/provider-portal>

[s/ Provider Tip Sheet:](#)

http://www.dmas.virginia.gov/Content_atchs/altc/VirginiaPremierProviderQuickReference.pdf

ADDITIONAL INFORMATION ON COMMONWEALTH COORDINATED CARE

Please visit DMAS' Integrated Care for Medicare-Medicaid Enrollees website at



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http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx for additional information about the Medicare- Medicaid Alignment Demonstration in Virginia or e-mail questions to CCC@dmas.virginia.gov. Updates regarding the status of this Demonstration will be posted to the website on a regular basis.

If you are interested in the Medicare-Medicaid Alignment Demonstration on a national level you can visit the Integrated Care Resource Center (ICRC) website at

<http://www.integratedcareresourcecenter.com>.

An additional CMS

Integrated Care website resource may be found at the following link:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Integrating-Care/Integrating-Care.html>



MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884- 9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.



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"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-
state long distance 1-800-552-8627 All other
areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.